

PERSONAL HISTORY STATEMENT INSTRUCTIONS

Hand print in blue ink or type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet of paper and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in the lower right hand corner. By placing his/her initial on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this Personal History Information is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license. Failure to complete this application fully may result in the application not being processed, may result in the application being returned to the applicant for completion, or may result in denial of a license.

Authorization For Examination and Release of Information (Form 1) is also attached and must be signed and notarized by the person completing this form.

Fingerprint Card - As required by Mont. Code Ann. §16-4-414 , 23-5-177 and Mont. Admin. R. §23.16.103, effective 10/01/03 a properly completed fingerprint card must be completed and returned with this application. The individual can take the card to a local law enforcement agency or to the Montana Department of Justice ID Bureau for fingerprinting. (It should be noted that some law enforcement agencies might charge a fee for this service.) Upon completion, a \$32.00 processing fee will be assessed. Please attach a check, money order, or cashier check in the amount of \$32.00 payable to the "Gambling Control Division" to the completed Personal History Statement. DO NOT BEND, FOLD OR STAPLE THIS CARD.

PERSONAL HISTORY STATEMENT
(Please Type or Print in Blue Ink)

NAME OF APPLICANT: _____
First Middle Last

HOME MAILING ADDRESS: _____

HOME STREET ADDRESS: _____

CITY/STATE/ZIP: _____ / _____ / _____

OTHER NAMES: _____
(Alias, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

WORK PHONE: () _____ HOME PHONE: () _____

DATE OF BIRTH: _____ / _____ / _____
Month Day Year

PLACE OF BIRTH: _____ / _____ / _____
City County State

U.S. CITIZEN? Yes No

IF NATURALIZED: _____ / _____ / _____
Month Day Year

SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO.: _____ / _____
State

SEX: Male Female HEIGHT: _____' _____" WEIGHT: _____ lbs EYES: _____ HAIR: _____

**STAPLE FINGERPRINT
PAYMENT HERE**

Date of Arrest	Age	Charge	Location - City and State	Disposition	Arresting Agency

Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit.

Yes No (other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant	Court and Case Number	City, County, State	Disposition

RESIDENCES:

List all your places of residence in the past 10 years, beginning with most current:

From - To (Month & Year)	Street and Number	City/County	State

EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of employment since 18 years of age or 10 years, whichever is less. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, or stockholder of a privately held corporation, or related capacity.

From - To (Month & Year)	Name/Mailing Address of Employer/Business		Reason for Leaving
Titles	Description of Duties	Name of Supervisor	Gambling Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From - To (Month & Year)	Name/Mailing Address of Employer/Business		Reason for Leaving
Titles	Description of Duties	Name of Supervisor	Gambling Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From - To (Month & Year)	Name/Mailing Address of Employer/Business		Reason for Leaving
Titles	Description of Duties	Name of Supervisor	Gambling Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From - To (Month & Year)	Name/Mailing Address of Employer/Business		Reason for Leaving
Titles	Description of Duties	Name of Supervisor	Gambling Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been fired or asked to resign from any employment related to gambling?

Yes No If yes, please explain: _____

CHARACTER REFERENCES:

List three (3) character references that have known you five or more years. Do not include relatives, present employer, or present employees.

Name and Where Employed	Street	City /County	State Zip	Phone Number	Years Known
Name:	Home:				
Employer:	Business				

Name and Where Employed	Street	City/County	State Zip	Phone Number	Years Known
Name:	Home:				
Employer:	Business				

Name and Where Employed	Street	City /County	State Zip	Phone Number	Years Known
Name:	Home:				
Employer:	Business				

I declare under the penalties of false swearing and/or the denial/revocation of any licenses granted pursuant hereto, that I am the applicant and that I have examined this reporting form, including any attachment(s), and that the responses are true, correct and complete. I understand if this application or attachment(s) contains false information I am subject to the criminal penalties of sections 45-7-202, 45-7-203, and 45-7-208, Montana Code Annotated, and/or denial/revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

_____/_____
Signature **Date**

Print Name of Person Signing

NOTARY SEAL

On this _____ day of _____ 20_____
Personally appeared _____
Before me a Notary Public for the State of _____
_____(Notary Signature)
_____(Print Name of Notary)
My Commission Expires _____(Month, Day & Four Digit Year)